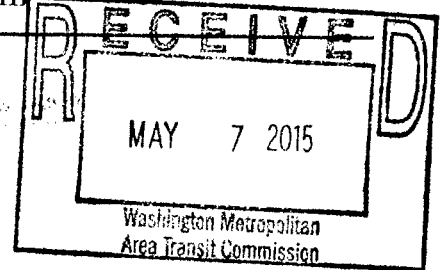


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2262		B SERVICE LIMITED LIABILITY COMPANY			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
1023 MANORWOOD RD			LAUREL	MD	20723
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
*Telephone	Other Telephone	Fax	E-mail		
848 391 6391			oahoure@hotmail.com		

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
			4886

3. CARRIER CONTACT PERSON (mailing address to whom we should direct inquiries):

OLIVIER N. AHOURE		PRESIDENT	
*Name		*Title	
848 391 6391		oahoure@hotmail.com	
*Telephone		E-mail	
Other Telephone		Fax	

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Loudoun County, and Dulles Airport. For a full description, see www.wmatc.gov.

BEYRAH V. AHOURE		848 391 6391		k.victoria@hotmail.com	
Name of Registered Agent for Service of Process		Telephone		E-mail	
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State	Zip
			LAUREL	MD	20723

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

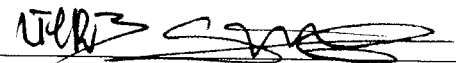
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2012	INFINITI	JN8AZ2NE6C9020462	54246B	MD	78	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

OLIVIER N. AHOURÉ
*Name (type or print)


*Signature

PRESIDENT
*Title (not required for sole proprietors)

4/30/2015
*Date